Major Revisions to the VA Regulations to License DBHDS Providers
December 2011

Primary Goals

1. Update regulations and definitions to be consistent with Department's mission and other definitions; including recovery, self-determination, and person-centered planning.
2. Strengthen ability to deny applications, revoke licenses, and limit activities during provisional period for applicants and providers not meeting standards.
3. Update regulations to reflect current practice, statutes, and regulations.
4. Reduce costs where possible.
5. Strengthen regulations in service areas where problems have occurred.

Specific Changes

1. Change language throughout regulations to reflect person-centered planning, recovery, and empowerment. For example, remove references to "populations" and "beds" and replace with words that are more person-centered such as "individuals." Add word "supports" throughout the regulations.
2. Update definitions to reflect current definitions, human rights regulation definitions, person-centered planning, recovery, co-occurring disorders, the core taxonomy, Medicaid regulation, and statutes. Delete some definitions that are no longer used.
3. Followed the term "mental retardation" with the term "intellectual disability".
4. Added requirements to be in compliance with Mental Health Reform laws.
5. Add requirements that assist with negative action and restrict actions during provisional license period.
    a. Add requirement for provider's to disclose previous license and disciplinary actions.
    b. Restrict ability to add services during conditional period for new providers and during provisional periods.
    c. Add additional criteria for denying or revoking a license, including making substantively false statements.
6. Remove the requirement for the Health Department having to conduct health inspections of group homes. There are no health regulations governing group homes, and many Health Departments will not do this inspection. The Office of Licensing will still inspect kitchens: including reviewing cleanliness; the condition of appliances, dishware, and equipment; and food availability and quality.
7. Add requirement for designation of staff person as a community liaison to work with neighbors, local government, and community. This has worked quite effectively in children's residential services and reduced neighborhood issues.
8. Require submission of certificate of occupancy and floor plans prior to being licensed, rather than at the time of application. This will save applicants money.
9. Limit the number of individuals sharing a bedroom in a Medicaid waiver group home to 2.
10. The number of beds allowed in a community ICF-MR has been reduced from 20 to 12.
11. Add to emergency preparedness requirement for three-day stock of food and water as recommended by Virginia Department of Emergency Management.
12. Changes in the definitions for QMHP, QMRP & QPPMH:
    - ***"Qualified Mental Health Professional-Adult (QMHP-A)"*** means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or

osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.

- ***"Qualified Mental Health Professional-Child (QMHP-C)"*** means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional.

- ***"Qualified Mental Health Professional-Eligible (QMHP-E)"*** means a person who has: (i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience or (ii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by the department and has a department and DMAS-approved supervision training program.

- ***"Qualified Mental Retardation Professional (QMRP)"*** means a person who possesses at least one year of documented experience working directly with individuals who have mental retardation (intellectual disability) or other developmental disabilities and one of the following credentials: (i) a doctor of medicine or osteopathy licensed in Virginia, (ii) a registered nurse licensed in Virginia, or (iii) completion of at least a bachelor's degree in a human services field, including, but not limited to sociology, social work, special education, rehabilitation counseling, or psychology.

- ***"Qualified Paraprofessional in Mental Health (QPPMH)"*** means a person who must, at a minimum, meet one of the following criteria: (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

13. Supervision of Service Changes:
    - Supervision of *mental health, substance abuse, or co-occurring services that are of an acute or clinical nature such as outpatient, inpatient, intensive in-home, or day treatment* shall be

provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.

- Supervision of *mental health, substance abuse, or co-occurring services that are of a supportive or maintenance nature, such as psychosocial rehabilitation, mental health supports* shall be provided by a QMHP-A. An individual who is QMHP-E may not provide this type of supervision.
- Supervision of *mental retardation (intellectual disability) services* shall be provided by a person with at least one year of documented experience working directly with individuals who have mental retardation (intellectual disability) or other developmental disabilities and holds at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement.
- Supervision of individual and family *developmental disabilities support* (IFDDS) *services* shall be provided by a person possessing at least one year of documented experience working directly with individuals who have developmental disabilities and is one of the following: a doctor of medicine or osteopathy licensed in Virginia; a registered nurse licensed in Virginia; or a person holding at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, or psychology. Experience may be substituted for the education requirement.
- Supervision of *brain injury services* shall be provided at a minimum by a clinician in the health professions field who is trained and experienced in providing brain injury services to individuals who have a brain injury diagnosis including: (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a psychiatrist who is a doctor of medicine or osteopathy specializing in psychiatry and licensed in Virginia; (iii) a psychologist who has a master's degree in psychology from a college or university with at least one year of clinical experience; (iv) a social worker who has a bachelor's degree in human services or a related field (social work, psychology, psychiatric evaluation, sociology, counseling, vocational rehabilitation, human services counseling, or other degree deemed equivalent to those described) from an accredited college or university with at least two years of clinical experience providing direct services to individuals with a diagnosis of brain injury; (v) a Certified Brain Injury Specialist; (vi) a registered nurse licensed in Virginia with at least one year of clinical experience; or (vii) any other licensed rehabilitation professional with one year of clinical experience.

14. Quality improvement processes require receiving input from individuals receiving services, including satisfaction about their involvement in developing the ISP.
15. Add history of trauma and abuse to comprehensive assessment.
16. Allow state or federally sanctioned standardized assessments to substitute for assessment required in regulations as long as they also covered health and safety issues.
17. Move requirement for participation of the individual using services to the beginning of ISP section. The intent is to put regulations pertaining to participation and direction upfront.
18. Clarify and strengthen requirements for initial ISP. The initial ISP is to be completed within 24 hours of admission and address health, safety, and immediate services needs.
19. The completion of comprehensive ISP for *ID and DD populations is 60 days*, and *30 days for MH and SA populations* after admissions unless Medicaid regulations require comprehensive ISP be completed earlier. This should reduce amount of paperwork for those in service less than 60 days.
20. Require goals on ISPs, whenever possible, to be written in language of individual receiving services.
21. Change terminology form “behavior management” to “behavior interventions.’
22. Sponsor residential home requirements have been strengthened. Outline requirements for sponsor agreements.

a. Require certification of homes and submission of certification to Department before provider uses home.
b. Outline requirements for provider notifying licensing of certification.
c. Add supervision standard for homes in terms of staff to number of individuals served. This is to set a minimum standard for supervision provided.
d. Require a meeting prior to moving an individual, with the individual, case manager, AR, and receiving home, if possible. This is to address the moving of residents among homes without informing or consulting others.
e. Add requirement for reporting hospitalizations to licensing and case manager.

23. An opinion from the Office of the Attorney General has determined DBHDS may license sponsor residential services for children and requirements for this services and population have been added.
24. Add to case management a requirement to understand capabilities of services to serve individuals in terms promoting wellness and not harm from or to others.
25. Add requirement to develop policy addressing and individual's request to change a case manager.